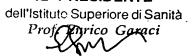
	OIPE			
Applicant or Patentee: Serial or Patent No.:	IIIL 1 5 2004 E	Eilad	Attorney	Docket No.
For:	- Jul 1 3 - 5/	rned	or issued:	
	VERIFIED STANDENT	(DECLARATION) CLAIM () and 1.27(d)) - NONPRO		
I hereby declare that I am	an official empowered to a	ct on behalf of the nonprofi	it organization identi	fied below:
Name of Organization Address of Organization _	ISTITUTO SUPERION Viale Regina Ele	ORE DI SANITA' ena 299, I-00161	ROMA (Italy)	
Type of Organization:		•		
[] Tax Exempt Und [] Nonprofit Scient	ific or Educational Under S ate s Tax Exempt Under Intern s Nonprofit Scientific or Ed America	te Code 26 USC 501(a) and Statute of State of the United	States of America 6 USC 501(a) and 56	O1(c)(3)) If Located in the United State States of America If Located in the
(Name of State _ (Citation of Statu	ite			
of paying reduced fees und	ler Section 41(a) and (b) of	Title 35 United States Cod	le with regard to the	as defined in 37 CFR 1.9(e) for purpose invention entitled lood_of_normal_donors
and of thalasse	emic patients'			
by inventor(s) Giovann	i MIGLIACCIO, Ann	na Rita FRANCO		
described in				
[x] A	e specification filed herewi pplication Serial No. 10 ternational Application No. tent No	th 0/786,461	_, filedFebr	ruary 26, 2004
 I hereby declare that rights identified invention. 	under contract or law have	e been conveyed to and rem	ain with the nonprof	it organization with regard to the abov
listed below* and no rights under 37 CFR 1.9(c) if tha 1.9(d) or a nonprofit organ. *NOTE: Separate verified to their status as small enti	to the invention are held be t person made the invention ization under 37 CFR I.9(e) statements are required fronties. (37 CFR 1.27)	y any person, other than the n, or by any concern which). om each named person, con	e inventor, who wou would not qualify as	ation having rights to the invention is ld not qualify as an independent invents a small business concern under 37 CF in having rights to the invention averring
NameAddress				
Name	Individual	Small Business Concern	Nonprofit Organ	ization
Address	Individual	Small Business Concern	Nonprofit Organ	ization
status prior to paying, or a small entity is no longer ap I hereby declare that all sta believed to be true; and fur punishable by fine or impr	t the time of paying, the ear propriate. (37 CFR 1.28(b tements made herein of my ther that these statements v isonment, or both, under Se	rliest of the issue fee or any o)) o own knowledge are true a vere made with the knowled ection 1001 of Title 18 of th	maintenance fee du nd that all statement lge that willful false the United States Cod	ing in loss of entitlement to small entity after the date on which status as a s made on information and belief are statements and the like so made are e, and that such willful false statement verified statement is directed.
MANG OF DEDGOM CO	JING DD	OF ENRICO	GARACI	
NAME OF PERSON SIGN TITLE IN ORGANIZATION	ON PRF	SIDENTE		
ADDRESS OF PERSON S	SIGNING Viale	Regina Elena 299), I-00161 RO	MA (Italy)
Signature			Date	March 23, 2004
				·. · · ·

IL PRESIDENTE

Page 1 of 1



Attorney Docket No.



Declaration and Power of Attorney For Patent Application (Sole/Joint)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I verify believe I ain the original, first and sole inventor (if only one hance is instead below) of a joint inventor (if plana inventors and
named below) of the subject matter which is claimed and for which a patent is sought, on the invention entitled
'In vitro mass production of human erythroid cells from the blood of
normal donors and of thalassemic patients'

named below) of the subject matter	r which is claimed and for	which a patent is sought, or	the inventi	on entitled	
'In vitro mass produ	uction of humar	n erythroid cell	s from	the bl	lood of
normal donors and	of thalassemic	patients'		_	
the specification of which (Check C	One)				
is attached hereto.					
OR					
X was filed on F	ebruary 26, 200	04as	ı		
• • •		10/786,461			
[] In and was amended on	ternational Application No	o. <u>PCT/</u>			
and was amended on	· · · · · · · · · · · · · · · · · · ·		∹		
I hereby state that I have reviewed amended by any amendment referred		nts of the above-identified sp	ecification,	including t	he claims, as
continuation-in-part applications, in the national or PCT international fit. I hereby claim foreign priority beneplant breeder-s rights certificate(s), the United States of America, listed breeder-s rights certificate(s), or an claimed:	iling date of the continuati efits under 35 U.S.C. 119(, or 365(a) of any PCT into d below and have also iden	ion-in-part application (a)-(d) or 365(b) of any fore ernational application which ntified below any foreign ap	ign applicati designated plication for	on(s) for pa at least one patent, inv	atent, inventors or country other than ventor's or plant
PRIOR FOREIGN APPLICATION	ON(S)	•			Priority Claimed
					Yes: No:
(Number)	(Country)	(Day/Month/Year Filed)			res No.
					Yes: No:
(Number)	(Country)	(Day/Month/Year Filed)			
(Number)	(Country)	(Day/Month/Year Filed)			Yes: No:
I hereby claim the benefit under 35	SUSC 119(e) of any Uni	ited States provisional applic	cation(s) list	ed below:	
	0.5.0. 115(0) 0. 4				
APPLICATION NUMBER:	60/449,841	FILING DATE:	Februa	ry 27,	2003

transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence about the application to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor	A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Giovanni Inventor-s Signature	MIGLIACCIO Date
your Mi Com	23/3/04
Residence (City, State, Country) ROMA (Italy)	Citizenship Italian
Mailing Address (Street, City, State, Zip or Postal Code, Col Via Sabina s.n., Villa Adriana,	
Name of Second Inventor	A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any]) Anna Rita	Family Name or Surname FRANCO
Inventors Signature to frame	Date 23 3 04
Residence (City, State, Country) ROMA (Italy)	Citizenship Italian
Mailing Address (Street, City, State, Zip or Postal Code, Code, Via Sabina s.n., Villa Adriana,	
Name of Third Inventor	A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Inventor-s Signature	Date
Residence (City, State, Country)	Citizenship
Mailing Address (Street, City, State, Zip or Postal Code, Code	untry)
Name of Fourth Inventor	A petition has been filed for this unsignd inventor.
Given Name (first and middle[if any])	Family Name or Surname
Inventor-s Signature	Date
Residence (City, State, Country)	Citizenship

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••					
			•		
[Mailing Address (Street, C	City, State, Zip or Po	stal Code, Country)	 	
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l	Patent Application Declaration	*************			
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